

Parkwood Trust Incorporated

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Parkwood Trust Incorporated	
Premises audited:	Parkwood Retirement Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 9 September 2022	End date: 10 September 2022
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	79	

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Parkwood Retirement Trust (Parkwood) provides rest home and hospital level care for up to 88 residents.

This certification audit included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, board members, and a general practitioner.

Strengths of the service, resulting in continuous improvement ratings, include initiatives regarding residents with low vision, te reo and te ao Māori activities, and enhanced dining experiences.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Parkwood works collaboratively with staff internally and external contacts to support and encourage a Māori world view of health in service delivery. The facility has systems in place to ensure when Māori choose to be admitted, they will be provided with equitable

and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. This was confirmed by documentation, observations, and Māori staff interviewed.

There is a health plan that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. The service works collaboratively with internal and external Pasifika supports to encourage a Pasifika world view of health in service delivery.

Parkwood provides an environment that supports all residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations.

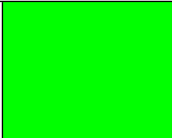
Residents at Parkwood Retirement Village receive services that respect their dignity, identity, privacy, and independence. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The Parkwood Trust Board assumes accountability for delivering a high-quality service. This includes supporting the principles of meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. Parkwood complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When residents are admitted to Parkwood, a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are transitioned or transferred to other health services as required.

Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Parkwood meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The senior leadership team at Parkwood ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The senior management team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the Trust Board and policies and procedures. There was one resident using a restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	3	165	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Parkwood Retirement Village (Parkwood) has developed policies, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Nga Tikanga Kia Mua Māori Wellbeing Policy and the Residents' Rights Policy describe a respect for mana motuhake. This was reflected in the interviews with managers and staff and the documented values of the organisation. Staff who identify as Māori reported that residents' right to Māori self-determination and cultural safety is respected. Online Te Tiriti o Waitangi education is encouraged, and staff are assisted with this by experienced colleagues. Māori staff reported that they are supported in their aspirations.</p> <p>Nga Tikanga Kia Mua Māori Wellbeing Policy has been developed with input from the Parkwood Cultural/Spiritual Committee and is used to guide care for residents who identify as Māori.</p> <p>As well as the usual online advertising, managers described recruiting initiatives relevant to their locality in the hope of increasing their Māori</p>

		workforce. This includes, word of mouth among Māori whānau, and advertising at the local marae and supermarkets.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Although the local community has very few Pacific people, the organisation identifies and works in partnership with Pacific staff, communities, and organisations to provide a Pacific plan that can support culturally safe practices for Pacific peoples who choose to use the service. No residents identified as Pacific peoples on the day of audit; however, staff interviewed were confident Pacific peoples can be safely supported with the plans available. Staff reported they have the contact details, and access to a Pacific chaplain to provide specific advice should this be required, in addition to support from staff who identify as Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed at Parkwood understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English and te reo Māori. Parkwood has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the local Māori Health service and the local unit that supports people with a disability.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Parkwood supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted, in the form of signage,</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>language, activities, protocols and displays. Evidence of Te Tiriti o Waitangi training was sighted. A spiritual and cultural committee operates at Parkwood and includes senior staff who identify as Māori. Meetings are held every three months to ensure the cultural and spiritual aspects of care are being addressed appropriately at Parkwood. Meeting minutes verified that the terms of reference of the meetings are met, and actions are implemented when identified.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they were supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Parkwood include police vetting. Policies and procedures outline safeguards in place to protect people from abuse, and workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic Te Whare Tapa Whā model of health at Parkwood is promoted, that encompasses an individualised approach that ensures best outcomes for all.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	FA	<p>Residents and family/whānau at Parkwood reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings. A request by twelve residents for Parkwood to assist in counteracting the isolation they were experiencing due to their vision being compromised, has been addressed, and is recognised as an area of continuous improvement</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any</p>

them about their choices.		<p>events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Parkwood and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Six staff who identify as Māori assist staff to support cultural practice and are encouraged to participate in Parkwood's Spiritual Cultural Committee. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Parkwood has a fair, transparent, and equitable system in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Very few complaints have been received and residents described the ease of providing feedback to staff and managers with immediate resolution.</p> <p>There have been no complaints received from external sources since the previous audit and although there is a current Coroner's investigation the family involved are not concerned about the care provided to the deceased resident.</p>
Subsection 2.1: Governance	FA	Parkwood Trust Incorporated (Parkwood) is currently completing a review of the constitution adopted in May 1992 to ensure the Charities

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>Act and Trusts Act obligations are being met and clinical governance is strengthened. This review has resulted in five sub committees. These are executive, facilities, finance, audit and risk committees, resident experience and clinical.</p> <p>The structure allows the Board to assume accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti • defining a governance and leadership structure, including for clinical governance, that is appropriate to Parkwood's size and complexity • appointing an experienced and suitably qualified general manager • identifying the purpose, values, direction, scope and goals for the organisation, to align with the benefactor's vision and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management • being focused on improving outcomes for Māori and people with disabilities <p>A sample of reports to the Trust Board showed adequate information to monitor performance is reported and members interviewed expressed satisfaction and confidence in the management. The requirements to comply with Nga Paerewa and the implications of this were understood by the GM and board clinical committee chair, including the need for meaningful Māori representation on the board and the development of Te Tiriti o Waitangi expertise at board level.</p>
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		<p>The GM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>Parkwood holds contracts with Te Whatu Ora Capital, Coast and Hutt Valley, and Accident Compensation Corporation (ACC) for age related residential care. On the day of audit 45 residents were receiving services under the Te Whatu Ora Capital, Coast and Hutt Valley contract for rest home level care and 34 for hospital level care. One person was receiving care under the ACC contract in the rest home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The Trust has a planned quality and risk system that reflects the principles of continuous quality improvement. Staff described a desire to initiate improvements for the residents, such as the new ceiling hoists. Board members indicated a commitment to quality and risk and the system includes a strong resident voice with resident meetings, a regular resident satisfaction survey, management of incidents and complaints, audit activities, monitoring of clinical incidents including infections, and development of policies and procedures. Residents, whānau and staff contribute to quality improvement through resident participation at board level, open communication with managers and staff meetings. The recent resident survey indicated a general satisfaction with the services provided. Changes to the menu reflected residents' feedback.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered the necessary aspects of the service and contractual requirements and were current. Managers described the need and intention to review policies and processes to align fully with the revised Nga Paerewa standard.</p> <p>The GM and Lodge manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p>

		<p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The GM and Lodge manager understood and have complied with essential notification reporting requirements. Information has recently been sent to the coroner following a request for information. The family involved were satisfied with their parent's care and are not concerned about the situation.</p> <p>Critical analysis of Parkwood practices is yet to occur, to improve health equity however managers indicated a willingness to pursue this in the future as required by this standard.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Parkwood has a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The RNs described their ability to adjust staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>Continuing education is planned on a biennial basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education program to meet the requirements of the provider's agreement with Te Whatu Ora Capital, Coast and Hutt Valley. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>A confidential free counselling service is available to staff, and they reported feeling well supported and safe in the workplace.</p>

		<p>Advertising for employment of Māori is ongoing using the Māori online site 'Mahi' and flyers at local marae and supermarkets as well as the usual online recruitment sites.</p> <p>The need to provide an environment for high-quality Māori information collection and sharing is understood by Parkwood managers, although there are no residents who identify as Māori.</p> <p>Equity expertise is being developed with a willingness by staff and managers although not yet implemented.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>The Parkwood human resources management policies and processes are based on good employment practice and relevant legislation. They include the new requirement for staff to have the opportunity to be involved in relevant debriefing sessions and staff described examples of this.</p> <p>A sample of Parkwood staff records reviewed confirmed the organisation's policies are being consistently implemented.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Ethnicity data is recorded and used in line with health information standards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records at Parkwood are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Residents' files are integrated hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>

		The service is not responsible for NHI registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are admitted to Parkwood when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the levels of care Parkwood provides. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>The facility carries out routine analysis of entry and decline rates. At the time of audit there were no residents who identified as Māori. The number of Māori that reside geographically close to Parkwood is small. The admission agreement includes data on cultural identity. If a resident is declined entry, evidence verified this is either due to no bed being available, or the facility does not provide the services required, for example, stage three care. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau. Additional service options available are communicated to the resident/family/whānau.</p> <p>Parkwood has developed meaningful partnerships with the local Māori health provider and Māori disability service to benefit Māori individuals and whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Parkwood, several residents request other local health providers to manage their medical needs.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	FA	<p>The multidisciplinary team at Parkwood works in partnership with the resident and family/whānau to support the resident's wellbeing. Eleven residents' files were reviewed. Four of these were hospital files, and seven were rest home. Files reviewed included a respite resident, residents who self-administer medications, a resident who smokes, residents with a pressure injury, residents who had recently fallen, and residents with a range of co-morbidities. All files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. The respite resident had an initial assessment and care plan developed by the RN the day of admission.</p> <p>In all files reviewed the required management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Two diversional therapists and three activities coordinators provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. The two programmes in place, one in the hospital and one in the rest home are provided seven days a week.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. At the time of audit there were no residents who identified as Māori. Opportunities for residents and whānau to participate in te ao Māori are facilitated, and an initiative implemented to improve this is an area of continuous improvement. Prior to Covid-19 restrictions being in place, several community groups, including the local school and college Kapa Haka groups, visited Parkwood; however, this has not occurred during the Covid-19 outbreak.</p> <p>The activities programme is diverse, and Parkwood management is</p>

		<p>committed to employ a diverse range of people. A new activities person offers residents exposure to different skills, around reading, film, classical music, and the arts. The rest home programme sighted includes regular outings to community events, ballroom dancing, K9 friends, crafts/knitting, games, and exercises. The hospital programme includes games, massage, crafts, exercises, and activities that reactivate childhood memories.</p> <p>Residents' meetings occur bi-monthly. They are run by an independent person from the village. The village manager and lodge manager are invited to attend for a short time. The meetings enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy being used at Parkwood was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used at Parkwood and meet the guidelines.</p>

		<p>Self-administration of medication is facilitated and managed safely. Residents, and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Parkwood is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in August 2021. Recommendations made at that time have been reviewed and implemented in line with residents' likes and dislikes</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken in May 2022. No areas requiring corrective action was identified, and the plan was verified until September 2023.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. The cook visits residents on a regular basis to verify satisfaction with the meals served that day. A book to record residents' feedback after each meal is in the dining room. Residents or staff at a resident's request fill in the book with comments. Interview with the cook and the Lodge manager verified that the kitchen can cater to menu options culturally specific to te ao Māori if required.</p> <p>Evidence of rest home residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Family members of residents having meals in the hospital dining room, noted meals served up were often too large and were not hot enough. It was suggested by ten family members that the dining experience for hospital residents could be enhanced. The response to this is</p>

		<p>considered an area of continuous improvement.</p> <p>Residents were observed to be eating in a pleasant environment that enhances the eating experience. Staff were sitting beside residents assisting them one on one. The assistance was provided with dignity and staff were chatting quietly to the residents. Residents were given sufficient time to eat their meals in an unhurried fashion. Those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the Parkwood is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The service uses Parkwood's transfer form, in addition to Te Whatu Ora - Capital Coast and Hutt Valley 'yellow envelope'. Additional information including advance directive instruction, medication chart, family contact details are also provided. Resident and family/whānau interviewed reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>Parkwood has appropriate systems in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires 20 May 2023.</p> <p>The environment was, comfortable, and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the Lodge. Each room in the rest home had an ensuite.</p> <p>Residents and whānau were happy with the environment, including</p>

belonging, independence, interaction, and function.		heating and ventilation, privacy and maintenance. Residents with computer access can lodge their own maintenance needs. Residents and whānau are consulted and involved in the design of any new buildings, however the board are yet to identify a person capable of providing advice to ensure the aspirations and identity of Māori are reflected.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct Parkwood staff in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place, including external cameras in key locations such as the staff car park, for retrospective review if required.</p> <p>Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The Parkwood infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the facility, have been approved by the trust board, link to the quality improvement system and are reviewed and reported on regularly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the trust board. The recent formalisation of the clinical subcommittee indicates a strengthening of the board's understanding of the need for governance in this area.</p> <p>A pandemic/infectious diseases response plan was documented and had been regularly tested since the last audit. The board members interviewed expressed satisfaction with the COVID-19 response by Parkwood staff and management. There are sufficient resources and</p>

		personal protective equipment (PPE) available, and staff have been trained accordingly.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the quality manager (QM), Lodge manager and the GP. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Parkwood is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this. The advice of a microbiologist is sought if required, when an infection is difficult to resolve or ongoing.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Surveillance of health care-associated infections is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Parkwood uses standardised surveillance definitions to identify and classify infection</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. The incidence of infections at Parkwood are low, based on previous years data.</p> <p>There has been no norovirus or gastroenterology outbreaks at the facility over the past five years. Sporadic cases of Covid-19 have occurred over the past two years but no outbreaks. The ICC is aware of the processes required in event of an outbreak.</p> <p>Parkwood has identified an initiative to reduce the number of skin infections is an area they would like to address, including residents ongoing requests for antibiotics to be prescribed for skin infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Parkwood. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p>

		Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of Parkwood. The board demonstrates commitment to this. At the time of audit one resident was using a restraint and this has been the case for the last fifteen months. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p> <p>The board receive restraint use information via the GM's report and the clinical subcommittee chair confirmed the revised group will have governance and oversight of the Trust's clinical system including clinical risk.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices,</p>	FA	<p>Assessments, monitoring and evaluation for the use of the one restraint was documented and included all requirements of the Standard. Access to advocacy is facilitated as necessary. Evaluation outcomes are sent to the family concerned.</p> <p>A restraint register is maintained and is reviewed regularly. The register contained enough information to provide an auditable record.</p> <p>Staff report emergency restraint and the need for debriefing following this, is not used as people with that level of service need, do not</p>

implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		reside at Parkwood.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The Parkwood restraint group undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The June 2022 six monthly review was conducted using this revised standard. The outcome of the review is reported to the trust board. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>The use of restraint has been reduced to one restraint for one person over the past 15 months.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.6.1 I shall receive information in my preferred format and in a manner that is useful for me.	CI	Twelve residents at Parkwood expressed concerns regarding the social isolation they were experiencing due to their low vision. An initiative was implemented in February 2021, that involved the development of a low vision weekly support group. An additional activities person was employed to run the group. Twice weekly readings occur, and the group are read articles that are of interest. In August 2021, a member of the Blind Institute was invited to visit and spoke to the group and taught them how to use voice activation to do things like inform them of the weather, news items and turn televisions on and off. Areas that were previously inaccessible to the residents are now accessible. In January 2022, the group's request was to include autobiographies in the readings. Recently it has included short stories. An evaluation of the initiative in August 2022, verified that all the residents now feel less isolated. They are complimentary of Parkwood's response to their request, and feel they are listened to.	Residents of Parkwood who are experiencing low vision have been enabled to receive a range of information in a format and manner that is useful to them.

<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>In January 2022, four residents expressed an interest in wanting to develop more understanding around Māori and Matariki. This was impacted on by the increased use of Māori especially in the media. An initiative was commenced, setting up a corner of the lounge like a marae. Staff with Māori affiliations brought in things that were Māori. The Treaty document was put on the noticeboard. Māori handcrafts were undertaken. Residents requested to learn the national anthem in Māori. All rest home residents can now sing it fluently. Māori phrases were taught and were on display. On Waitangi Day, a dawn service was held to remember the Māori battalion and included the poppies residents had made. The dining room was decorated with place mats that residents had made, that signified something Māori. Prior to the meal, karakia was said and Māori bread was served with the meal. Waiata were sung. Following this in preparation for Matariki, Māori craft sessions were held which included making pois, flax baskets, and kites. On the 22 June a Māori academic spoke to the residents about Matariki. Traditional Māori instruments, karakia, waiata and action songs were sung. Matariki was celebrated and a hangi was served.</p> <p>An evaluation of this initiative showed 20 residents have expressed a greater understanding of te reo and te ao Māori and request the programme to carry on.</p> <p>A corner of the lounge remains a focus of Māori language, crafts, and treasures. Monthly sessions of Māori crafts continue.</p>	<p>The activities plan has enhanced residents' skills and resources in te reo and te ao Māori.</p>
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>Prior to the initiative being implemented, hospital residents' meals were dished up by the kitchen on to trays, that were then given to the residents by the care staff. Often the resident was not feeling so well, preferred a different type of meal to that served, had a large meal provided that was too big to be appealing, or the meal was not hot enough. A new Bain Marie was purchased, the kitchen now puts the food in the Bain Marie, and plates are hot. The Bain Marie is wheeled to the dining room</p>	<p>Parkwood ensures the dining experience is pleasurable and appropriate to the residents' needs.</p>

		<p>20 minutes prior to serving. The smell of the food wafts through the dining room, for residents to smell. Meals are dished up on hot plates by care staff who are aware of how the resident is feeling that day. Families who are present at mealtimes, can choose the type and amount of food being dished up, according to knowing the residents likes and dislikes.</p> <p>An evaluation of the initiative in July 2022 showed an increase in ten residents' weight and has noted residents increased appetites. The family members are complimentary of the changes made.</p>	
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End of the report.